IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 117582

Date: December 15, 2003

## **MAIL STOP PATENT APPLICATION**

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** 

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title):

VEHICULAR ANTISKID CONTROL APPARATUS AND ANTISKID CONTROL

**METHOD** 

By (Inventors):

Toshihisa NIHEI, Satoshi UDAKA, Yoshinori SUZUKI, Akifumi DOURA and Yasuhisa

**KUWAHATA** 

$\boxtimes$	Formal drawings (Figs. 1-4; 4 sheets) are attached.
	Use Figure for front page of Publication.
$\boxtimes$	A Declaration and Power of Attorney is filed herewith.
	This application claims benefit of Provisional Application No filed
	(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
$\boxtimes$	This patent application is assigned to TOYOTA JIDOSHA KABUSHIKI KAISHA and ADVICS CO., LTD
	The executed Assignment is filed herewith.
$\boxtimes$	An Information Disclosure Statement is filed herewith.
	Entitlement to small entity status is hereby asserted.
	A Preliminary Amendment is filed herewith.
Ø	Priority of foreign application No. 2002-380127 filed December 27, 2002 in Japan is claimed (35 U.S.C. §119).
	A certified copy of the above corresponding foreign application is filed herewith.
	This application is NOT to be published under 25 U.S. C. 122(4). The
	This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that
	the invention disclosed in this application has not and will not be the subject of an application filed in another country, or
$\boxtimes$	under a multilateral international agreement, that requires publication of applications 18 months after filing.  The filing fee is calculated below:
	The filling fee is calculated below

## CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA			
BASIC FEE		A Care Care Care Care Care Care Care Care			
TOTAL CLAIMS	9 - 20	= 0*			
INDEP CLAIMS	2 - 3	= 0*			
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED					

<sup>\*</sup> If the difference is less than zero, enter "0".

SMALL ENTITY					
RATE	FEE	<u>OR</u>			
	\$ 385	<u>OR</u>			
x 9=	\$	<u>OR</u>			
x 43 =	\$	<u>OR</u>			
+ 145 =	\$	<u>OR</u>			
TOTAL	\$	<u>OR</u>			
ling fee is attached. Except as o					

OTHER THAN A SMALL ENTITY

	RATE.	FEE	
DANGE		\$	770
	x 18	\$	
	x 86	\$	
	+ 290	\$	
	TOTAL	\$	770

 $\boxtimes$ Check No. 149265 in the amount of \$770.00 to cover the fi t as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filling, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff

Registration No. 27,075

Thomas J. Pardini Registration No. 30,411